

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/786889

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5	1					
6		1				
7		2				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12	1					
13		1				
14		2				
15		(1)				
16	1					
17	1					
18		1				
19	1					
20		1				
21		2				
22		(1)				
23		(1)				
24		(1)				
25		(1)				
26		(1)				
27		(1)				
28		(1)				
29		(1)				
30		(1)				
31	1					
32		(1)				
33		(1)				
34		(1)				
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41						
42						
43						
44						
45						
46	1					
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	31					
TOTAL CLAIMS	38					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						